

Spencer County Health Department

Courthouse, First Floor
Rockport, Indiana 47635
Telephone 649-4441
1-800-975-8813
Fax 649-6047

Application for Existing Septic System Inspection

Fee: \$50.00

Make checks payable to: **Spencer County Health Department**

Name of person requesting inspection: _____

Phone Number: Home _____ Work _____

Address of person requesting inspection:
Street: _____

City/State/Zip: _____

Directions to Property: _____

Type of Inspection: (Please check one)

Water Supply: (Please check one)

Basement:

____ Existing System (Home occupied)

____ City

____ Cistern

____ New

____ Existing System (Home vacant)

____ Well

____ Lake

____ Existing

Information on System:

***** TANK AND D-BOX MUST BE UNCOVERED BEFORE INSPECTION
DO NOT HAVE TANK PUMPED BEFORE
INSPECTION *****

Age: _____ Installer: _____

Tank Size: _____ Field Bed Size: _____ Riser: Yes No

Other Known Information: _____

HOMEOWNER: _____

REALTOR: _____ **Cc:** _____
